

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

ALFORD FRANCES COTÈ,

Claimant,

vs.

FEDERAL MOGUL CORP.,

Employer,

and

TRAVELERS INDEMNITY COMPANY
OF CT.,

Insurance Carrier,
Defendants.

FILED

FEB 22 2019

WORKERS' COMPENSATION

File No. 5054541

A P P E A L

D E C I S I O N

Head Note Nos: 1402.30; 1803; 2500;
5-9998

Claimant Alford Frances Coté appeals from an arbitration decision filed on September 12, 2017. Defendants Federal Mogul Corp., employer, and its insurer, Travelers Indemnity Company of CT, respond to the appeal. The case was heard on September 19, 2016, and it was considered fully submitted in front of the deputy workers' compensation commissioner on October 21, 2016.

The deputy commissioner found claimant failed to carry his burden of proof that the stipulated incident which arose out of and in the course of claimant's employment with defendant-employer on November 24, 2013, caused claimant to sustain permanent disability. The deputy commissioner found claimant is entitled to receive no weekly benefits. The deputy commissioner found claimant is entitled to payment by defendants for the requested past medical expenses and the requested past medical mileage itemized in Exhibit 20, incurred during the months of November and December 2013, which are related to the incident in question. The deputy commissioner ordered defendants to pay claimant's costs of the arbitration proceeding which include claimant's filing fee and service fee and the cost of medical reports from Great River Medical Center.

Claimant asserts on appeal that the deputy commissioner erred in finding the work incident did not cause claimant to sustain permanent disability. Claimant asserts the deputy commissioner erred in finding claimant is not entitled to receive industrial disability benefits for the work incident.

Defendants assert on appeal that the arbitration decision should be affirmed in its entirety.

Those portions of the proposed agency decision pertaining to issues not raised on appeal are adopted as a part of this appeal decision.

I have performed a de novo review of the evidentiary record and the detailed arguments of the parties and I reach the same analysis, findings, and conclusions as those reached by the deputy commissioner.

Pursuant to Iowa Code sections 17A.5 and 86.24, I affirm and adopt as the final agency decision those portions of the proposed arbitration decision filed on September 12, 2017, which relate to the issues properly raised on intra-agency appeal.

I find the deputy commissioner provided a well-reasoned analysis of all of the issues raised in the arbitration proceeding. I affirm the deputy commissioner's findings of fact and conclusions of law pertaining to those issues.

I affirm the deputy commissioner's finding that claimant failed to prove that the November 24, 2013, work incident caused claimant to sustain permanent disability. I affirm the deputy commissioner's finding that claimant is entitled to receive no weekly benefits for the work incident. I affirm the deputy commissioner's finding that claimant is entitled to payment by defendants for the requested past medical expenses and the requested past medical mileage itemized in Exhibit 20, incurred during the months of November and December 2013, which are related to the incident. I affirm the deputy commissioner's order that defendants pay claimant's costs of the arbitration proceeding which include claimant's filing fee and service fee and the cost of medical reports from Great River Medical Center. I affirm the deputy commissioner's findings, conclusions and analysis regarding those issues.

ORDER

IT IS THEREFORE ORDERED that the arbitration decision filed on September 12, 2017, is affirmed in its entirety.

Defendants shall reimburse claimant for the medical costs and the medical mileage itemized in Exhibit 20, incurred during the months of November and December 2013, which are related to the November 24, 2013, work incident.

Pursuant to rule 876 IAC 4.33, defendants shall pay claimant's costs of the arbitration proceeding which include claimant's filing fee and service fee, and the cost of the medical reports from Great River Medical Center, and claimant shall pay the costs of the appeal, including the cost of the hearing transcript.

Pursuant to rule 876 IAC 3.1(2), defendants shall file subsequent reports of injury as required by this agency.

Signed and filed on this 22nd day of February, 2019.

Joseph S. Cortese II

JOSEPH S. CORTESE II
WORKERS' COMPENSATION
COMMISSIONER

Copies to:

Nicholas G. Pothitakis
Attorney at Law
PO Box 337
Burlington, IA 52601-0337
niko@pothitakislaw.com

Julie Burger
Attorney at Law
P.O. Box 64093
St. Paul, MN 55164-0093
jburger2@travelers.com